



REGENCYNEM INSURANCE GHANA LIMITED

65 Patrice Lumumba Road, Airport Residential Area, Accra.

CONTRACTOR'S ALL RISKS CLAIM FORM

POLICY NO: _

The completion of this form is not to be taken as an admission of liability by the insurer.

1. Title of contract insured _____

Name(s) and address(s) of insured(s) _____

Location and address of contract site _____

Name of supervising engineer _____

2. When did the loss occur? Time: _____ Date: _____

3. What was damaged or lost? Contract Works
 Construction Plant & Equipment
Please use separate sheet if necessary Underground Facility
 Other Items

4. Has damage occurred to third parties? _____

5. How did the loss occur and what was the probable cause?
(Please attach sketches, police report, photographs etc.) _____

6. Are there any witnesses to the Yes No



occurrence of the loss?

If so, please give names, professions and addresses _____

7. How are the damaged items to be repaired and what is the estimated time for the repairs? _____

8. Will any alterations or improvements be made to design, execution or construction or material when repairs are carried out? _____

9. Are existing buildings/surrounding properties damaged? If so by what? Yes No

Estimated claim(s) amount _____

10. What is the estimated repair cost for? (Please use separate sheet if necessary) a. The Contract works? _____ b. The construction plant and machinery? _____ c. The construction machinery? _____

11. Is third party liability involved? Yes No What is the estimated Indemnity for third Party liability claims? Property damage _____ Bodily injury _____

12. Is any third party responsible for the loss/damage? Yes No If yes please give the name and address. _____

13. Give details of other insurance. If any, covering the present loss. _____

I / We hereby declare that the above statements are to the best of my / our knowledge and belief.

Date:.....Signature:.....